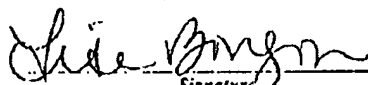


| | | | |
|---|---------------------------|-----------------------------|------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity) | | | Docket No. YKI-0066 |
| In Re Application Of: Yoshihiro Morimoto et al. | | | |
| Serial No. 09/820,140 | Filing Date 03/28/2001 | Examiner Granvill D. Lee | Group Art Unit 2825 |
| Invention: SEMICONDUCTOR DEVICE AND METHOD OF PRODUCING THE SAME | | | |
| <p style="text-align: center;"><u>TO THE COMMISSIONER FOR PATENTS:</u></p> <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>01/26/2004</u> above-identified application. <small>Date</small></p> <p>The requested extension is as follows (check time period desired):</p> <p><input type="checkbox"/> One month <input type="checkbox"/> Two months <input checked="" type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months</p> <p>from: <u>April 26, 2004</u> until: <u>July 26, 2004</u> <small>Date</small> <small>Date</small></p> <p>The fee for the extension of time is \$950 and is to be paid as follows:</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 06-1130</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 06-1130</p> <p> <small>Signature</small></p> <p>Dated: July 23, 2004</p> <p>Lisa A. Bongiovanni Registration No.: 48,933 Customer No.: 23413</p> <p>08/02/2004 08:11:30 01 FC:12:30</p> <p>cc:</p> <div><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ <small>Signature of Person Mailing Correspondence</small></p><p>_____ <small>Typed or Printed Name of Person Mailing Correspondence</small></p></div> | | | |

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

YK1-0066

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | 7 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 7 minus 20 = | 0 |
| INDEPENDENT CLAIMS | 2 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | 0 |
| X40= | | OR | X80= | 0 |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 710 |

CLAIMS AS AMENDED - PART II

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 10 | Minus | 20 | = |
| Independent | 2 | Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | | = |
| Independent | | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | | = |
| Independent | | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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